

**RESPONSE UNDER RULE 116
EXPEDITED HANDLING PROCEDURES
FACSIMILE CERTIFICATE**

In re Patent Application of

Atty SCS-124-1104
Dkt.

C# M#

BARNES et al

TC/A.U. 2814

Serial No. 10/522,988

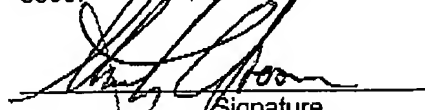
Examiner: A. Kalam

Filed: February 2, 2005

Date: July 8, 2008

Title: OPTOELECTRONIC DEVICES

I hereby certify that this Amendment is being transmitted by facsimile to the Patent and Trademark Office on July 8, 2008, specifically to 571-273-8300.


Signature
Stanley C. Spooner
Reg. No. 27,393**RECEIVED
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Alexandria, VA 22313-1450No. of pages transmitted (including this cover sheet): 22 pages

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment 15 minus highest number
previously paid for 20 (at least 20) = 0 x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$Independent claims after amendment 5 minus highest number
previously paid for 5 (at least 3) = 0 x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$If proper multiple dependent claims now added for first time, (ignore improper); add
\$370.00 (1203)/\$185.00 (2203) \$Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$460.00 (1252)/\$230.00 (2252)
Three Month Extensions \$1050.00 (1253)/\$525.00 (2253)
Four Month Extensions \$1640.00 (1254)/\$820.00 (2254)
Five Month Extensions \$2,230.00 (1255)/\$1115.00 (2255) \$ 120.00

Terminal disclaimer enclosed, add \$130.00 (1814)/\$65.00 (2814) \$

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE \$ 120.00☐ **CREDIT CARD PAYMENT FORM ATTACHED.**The Commissioner is hereby authorized to charge the above-noted fee(s), any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.901 North Glebe Road, 11th Floor
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Telephone: (703) 816-4000
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SCS:kmmNIXON & VANDERHYE P.C.
By Atty: Stanley C. Spooner, Reg. No. 27,393Signature: 